

CONFIDENTIAL BACKGROUND INFORMATION CONSENT FORM

By signing this consent, I understand and agree to the following:

The following information about me is necessary to assist the Department of Financial Institutions in evaluating the application of _____.
(Name of Applicant)

The information will be used to evaluate, among other things, my experience, character, business reputation, and general fitness.

I understand that omissions or inaccuracies in completing the application may result in denial of the application.

The Department may also conduct an independent investigation of me, which may include, but not limited to, contacting federal and state law enforcement agencies, other governmental agencies and credit reporting agencies. If any information the Department receives indicates a violation of law, the information will be shared with any agency responsible for investigating or prosecuting the violation. If information about me would warrant denial of the application, the Department will give the applicant, through the person designated for contact, notice of the fact, including a statement of the statutory and factual basis which would warrant denial and the applicant's rights in respect thereto.

Name (Please Print)

Date of Birth

Home Address

City

State

Zip Code

Home Telephone Number

Driver's License Number

Social Security Number

Other names by which I am now known or have used in the past:

Signature

Date